

**COVID-19 COMMUNITY DEVELOPMENT BLOCK GRANT  
SPECIAL FUNDING APPLICATION**

Program Name:	
Organization/Agency:	
Street Address:	
City, State, Zip Code:	
Executive Director:	
Phone No.:	Fax No.:
Contact Name:	Contact Phone No.:
Contact e-mail:	
Federal IRS Tax Exempt #:	<b>DUNS #:</b>
Amount Requested:	
Attach current agency registration record from System for Award Management. See <a href="https://www.sam.gov">https://www.sam.gov</a>	

Which of the following impacts has your organization experienced or anticipates experiencing? (Check all that apply)

- ☐ Cancellation of programs or events
- ☐ Disruption of service to clients and communities
- ☐ Disruption of supplies or services provided by partners and/or vendors
- ☐ Increased or sustained staff and volunteer absences
- ☐ Staff layoffs or furloughs or reduced programming
- ☐ Increase demand for services/requests for assistance from clients and communities
- ☐ Budgetary implications due to the strained economy
- ☐ Other (please specify)

## **1. Organizational Questions**

a. What is your organization doing differently in response to COVID-19, including new methods of service delivery?

b. How has your organization responded, or it anticipate responding, to the spread of the coronavirus?

c. What provision of new or quantifiable increased public service activity did your organization carry out to prevent, prepare for or respond to the coronavirus?

**2. Organizational/agency history and goals (if required):** If new to HAND funding, please describe briefly your organization/agency, its history, primary service delivery functions, and primary clientele. Otherwise please type n/a.

Program Name\_\_\_\_\_

**3. Utilization of Funds**

Please describe how you will utilize the requested funds. This funding must be used in relation to the coronavirus pandemic; this will be interpreted broadly but the connection must exist. Funding priority will be given for those needs identified by the Bloomington coronavirus social service response task force in the areas of food, healthcare, child care, and shelter. Also please explain your organization's capacity to successfully implement this program during a time of great system stressors.

Program Name\_\_\_\_\_

**4. Evaluation methodology/outcome measurement:**

a. What do you hope to accomplish with the funds you requested?

b. Briefly describe how you will measure that you have accomplished your goal and what evaluation tool you will use to measure the goal:

**5. Client Data:**

Community Development funds can only be used to reimburse for services to city households with income levels at or under 80% Area Median Income (AMI), adjusted for household size. These levels are established by HUD on an annual basis. Should your project target households above this income level, please contact HAND promptly for further discussion.

**Proposed Level of Activity**

Use the following current (2019) AMI table for the purpose of this section:

	<b><u>1 Person</u></b>	<b><u>2 Person</u></b>	<b><u>3 Person</u></b>	<b><u>4 Person</u></b>	<b><u>5 Person</u></b>
<b>Extremely Low Income (30% AMI and below)</b>	\$15,550	\$17,750	\$19,950	\$22,150	\$23,950
<b>Low Income (30 – 50 % AMI)</b>	\$25,850	\$29,550	\$33,250	\$36,900	\$39,900
<b>Low-Moderate Income (50 – 80% AMI)</b>	\$41,350	\$47,250	\$53,150	\$59,050	\$63,800

How many <b><i>total</i></b> clients do you plan to serve with this program?	
a. Of the total clients, what percent will be City residents?	
b. Of the total clients, what percent will be City residents and income eligible?	
c. Of the City clients, what percent will be extremely low income?	
d. Of the City clients, what percent will be low income?	
e. Of the City clients, what percent will be low-moderate income?	

**6. Budgetary Information: Please provide the following financial documentation if you are NOT a FY 2019 HAND CDBG Recipient. If a current recipient, type n/a:**

- a) Attach a copy of your agency's last two year's Balance Sheets, Income Statements, and Statement of Cash Flows.
- b) Provide the end date for your agency's own fiscal year:
- c) In the last five years has your agency defaulted on a loan or been in non-compliance of a grant or any type of funding source? If yes, please explain.

Program Name\_\_\_\_\_

### 7. Program Budget

\*Show Program fiscal budget for program funding is being sought for (not entire agency budget).

Note: Your agency **CANNOT** utilize this special funding if other funding is being utilized or is available for identical expenditures.

<b>Budget Program Expenditures</b>	<b>Proposed Budget</b>	<b>Amount of CDBG funds</b>
Salaries		
Employee Benefits/Taxes		
Utilities		
Office supplies		
Postage		
Printing and Publications		
Rent		
Specific Assistance to Individuals		
Other (explain)		
<b>Total Budget Expenditures</b>		



Program Name\_\_\_\_\_

**8. Other Funding Sources**

List all sources of income to be used to fund this program.

<b>Program Income Source</b>	<b>Proposed Income</b>
<b>CDBG</b>	
<b>United Way</b>	
<b>County</b>	
<b>Fundraising</b>	
<b>Other Federal or State funds</b>	
<b>Other (list below)</b>	
<b>Cash on Hand</b>	
<b>Total Budgeted Income</b>	

**9. Staff**

List all staff who will work on the program, indicating whether the staff member is full time (FT) or part time (PT).

<b>Position/Title</b>	<b>FT/PT</b>	<b># of Hours per Week chargeable to this Program</b>	<b>Salary amount chargeable to this program</b>	<b>Portion of salary to be paid by CDBG</b>